

City of Montgomery Fire/Rescue

Customer Satisfaction Survey for Fire Inspections Division

We value your feedback and look forward to learning how to improve our services to the public. Please take a moment and fill out the following survey about your latest experience with our Inspections Division.

1. What was your Inspectors Name and date of interaction?
(Information Box)
2. What was your role in your most recent contact with our Inspector?
(Drop down box)
Contractor
Architect or Engineer
Developer
Manager
Business Owner
Home Owner
Concerned Citizen
3. How did you interact with the Fire Department Inspector?
(Drop down box)
In person- On site - Inspection, Meeting, Plans Review
In person- at Headquarters
By Telephone
Other- Please Specify
4. What service did the Inspector provide?
(Drop down box)
Life Safety Inspection
Callback Inspection
Payment Information
Fire Code Information
Permit for other services
Other- Please specify

5. Was the Inspector on time for your appointment?

(Drop down box)

Yes, he was on time

No, he was late for the meeting

6. Was the Inspector able to fulfill your needs?

(Drop down box)

Yes, he was able to help me

No, he was not able to help me

7. Was the Inspector courteous and professional during your interaction?

(Drop down box)

Yes, he was courteous and professional

No, he was not courteous or professional

8. My level of satisfaction with the service I received from the Inspector:

(Drop down box)

Excellent

Good

Fair

Poor- Please specify

9. Was the permit process easy to follow and accommodating?

(Drop down box)

Yes, it was easy to obtain a permit

No, it was a confusing process and needs to be addressed

If no, please explain

10. Suggestions that could improve your next interaction with one of our

Inspectors: (5 line empty suggestion box)

Would you like to be contacted for additional follow up? Yes box/ No box

If yes, fill out the following

Contact Person:

Business Name:

Phone Number:

Convenient time to call:

Email Address:

Submit Box